
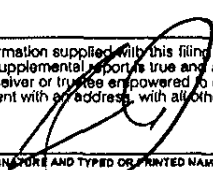


Paid By Check Number: 1286 - Paid Amount: \$61.25

FILED
Apr 21, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49286		
1. Entity Name WESTRIDGE HOMEOWNERS' ASSOCIATION OF DAVIE, INC.		
Principal Place of Business 2950 N 28TH TERR HOLLYWOOD, FL 33020	Mailing Address 2950 N 28TH TERR HOLLYWOOD, FL 33020	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0391446 Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROGER, RANDALL K ESQ 621 NW 53RD ST STE 300 BOCA RATON, FL 33487		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000911298 05/07/08-80035-003 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, DEWITT T 2950 N 28TH TERRACE HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHULER, JOHN 2950 N 28TH TERRACE HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIMEGLIO, EDDIE 2950 N 28TH TERRACE HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSENBLUM, RICHARD 2950 N. 28 TERRACE HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLACK, LINDA 2365 SW 105TH TERR DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date 4-08-08 Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		